

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318-1988068

SL 121903

4053

STATE FILE NUMBER

-62-016943

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURILength of stay in 1b
29 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VET ADM HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN HOUSTON,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

A/K/A First Hal S. Kelley Middle

4. DATE OF DEATH Month Day Year

HAROLD

S.

KELLEY

APRIL 16, 1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2-5-949. AGE (last birthday)
68IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
DRUGGIST10b. KIND OF BUSINESS OR INDUSTRY
-11. BIRTHPLACE (City and state or country)
Aurora, MISSOURI12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

CHARLES KELLEY

13b. MOTHER'S MAIDEN NAME

MARY SCHAFIELD

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

YES

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

BOYD KELLEY, 1606 LIGGETT, CRESTWOOD, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF COLON

INTERVAL BETWEEN
ONSET AND DEATH
UNKNOWNConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE; CONGESTIVE HEART FAILURE

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from 3-18-62 to 4-16-62 and last saw him alive on 4-16-62

Death occurred at 6:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

RICHARD K. DAVIS

M.D.

VAH, ST. LOUIS, MO.

4/17/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-19-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

25. DATE RECD. BY LOCAL REG.

APR 18 1962

26. REGISTRAR'S SIGNATURE

R. Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 41948

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.